

Participant

Informed Consent, Acknowledgement of Risk and Assumption of Liability

In addition to the payment of any fee, in consideration of gaining access to Campus Recreation services, I understand sports, recreational activity or physical activity involve inherent risk of bodily injury and/or physical harm, and I agree and acknowledge that I am fully informed of those risks and have been provided an opportunity to ask questions and seek additional information. I am also fully aware of my current health and physical condition.

In consideration of the opportunity to participate in Campus Recreation programs, sports, recreational activities or physical activities as a Campus Recreation guest, and with full and complete understanding of the consequences of my decision, I agree to waive and release Wichita State University, its employees and its representatives, from any and all claims for injuries or damages that may arise for any reason as a result of my participation in Campus Recreation programs, sports, recreational activities or physical activities, including any and all claims based on the negligence of Wichita State University, its employees and/or representatives.

I have read and fully understand and voluntarily accept the waiver of responsibility and provide the authorization of use.

Participant Name - *Printed* _____ Phone #: _____

Participant Signature _____ Date _____

myWSU

Emergency Contact(s):

Name: _____ Phone#: _____

| |
|-----------------------|
| Pass Purchased: _____ |
| Receipt #: _____ |
| Staff Initials: _____ |